



Temporary Licensed Elevator Mechanic (LT)

- The fee for the 30 day license shall be twenty-five dollars (\$26.40).
- The license is renewable at the discretion of the Department and is valid only for the designated locations and conveyances that are listed on this application. The fee may be paid by a check attached to this application made out to the Department of Labor & Industries, Elevator Program. The fee may also be paid through a money order, cashier's check, or with a debit/credit card at any of the Department of Labor & Industries regional field offices.
- This license expires 30 days from the issue date.
- If an LT is needed beyond 30 days a new application and fee must be submitted. All fees are non-refundable.
- The department may deny application of a license if the applicant owes outstanding final judgments to the department or if the Department has been notified that state-ordered child support payments are in arrears.

1. Company Certifying Competency

Company Name		WA Elevator Contractor License #	
Name of Primary Point of Contact for Certifying Company			
Business Address (Branch)		City	
State	Zip Code	Phone	FAX
Branch Contact		Email addresses	

2. Certification Type

☐ **Category 09 License.** This temporary license is limited to the mechanical and electrical operation, construction, installation, alteration, maintenance, inspection, relocation, and repair of conveyances. This license is limited to individuals that are certified as qualified and competent by licensed elevator contractors. The individual must be an employee of the licensed elevator contractor. The contractor shall furnish acceptable proof of competency as the department may require. Each license is valid for a period of thirty days from the date of issuance and for such particular elevators or geographical areas as designated on the application, and otherwise entitles the licensee to the rights and privileges of an elevator mechanic license issued under chapter 70.87 RCW. The entire application must be completed, signed, and submitted to the Department for processing.

3. Qualifying Temporary Licensed Mechanic's Information

First Name		Middle Initial	Last Name
Social Security Number (For ID only)		Date of Birth	Email addresses
Drivers License number or other State issued ID #		State	
Home Address			City
State	Zip Code	Phone	FAX

Temporary Licensed Elevator Mechanic (LT)

4. Employer's Verification and Need for an LT

Verify the information below by checking the boxes.

☐ The qualified person is able to perform the required work without direct and immediate supervision.

☐ In the space below provide a statement indicating the necessity of an LT and attaching verification of this necessity. This may be in the form of a current out of work listing provided by a recognized labor organization or other verifiable means acceptable to the division.

☐ In the space below provide a statement indicating the location(s) where the LT will be working and a listing of the types of conveyances upon which they will be working.

I as a primary point of contact on behalf of an elevator contractor certify under penalty of perjury that the information contained in this application is verified as true and accurate.

Signature

Print name

Title

Date

Completed applications may be returned to the following address:

State of Washington
Department of Labor & Industries
Specialty Compliance Services – Elevator Program
PO Box 44480
Olympia, WA 98504-4480
Phone: (360) 902-6130 or 800-705-1411 (within Washington State only)
Fax: (360) 902-6132

For L&I Office use only

Date	Reviewer's Name	<input type="checkbox"/> Approve	Refund Needed	Test
		<input type="checkbox"/> Deny		